

MEMBER handbook

YOUR INTRODUCTION TO KAISER PERMANENTE





Personal notes

Kaiser Permanente Customer Service Center **432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands), or **1-877-447-5990** (TTY for the hearing/speech impaired), Monday to Friday, 8 a.m. to 5 p.m., and Saturday, 8 a.m. to noon.

My clinic's phone number: _____

My personal physician's name: _____

My Kaiser Permanente medical record number: _____

This *Member Handbook* is not intended for and does not apply to the following members:

- Federal Employees Health Benefits Program members
- Kaiser Permanente Added Choice Plan members
- Kaiser Permanente for Individuals and Families Plan members
- Kaiser Permanente Medicare Cost members
- Kaiser Permanente QUEST and QUEST-Net members
- Kaiser Permanente Senior Advantage members

If you are a member of one of the above plans, please refer to the handbook that applies to your plan. If you have questions about which handbook applies to you, or for instructions on obtaining the correct handbook, please contact our Customer Service Center.

This handbook provides general information, not medical advice. And it does not provide information concerning the scope of your coverage. For complete details on your benefit coverage, including exclusions, limitations, and plan terms, please call the Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Information in this handbook is current as of August 2009 and may be subject to change without notice.

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welcome

TO KAISER PERMANENTE

Living well means knowing what it takes to stay healthy and be happy. This *Member Handbook* provides you with a look at some of our services and programs that can help you get the most out of life. It explains what to do when you need care and how to take advantage of your membership to help you live well and feel your best.

Our philosophy and mission— caring for the whole you

At Kaiser Permanente, we're dedicated to helping you get healthy and stay healthy. To encourage you to become an active participant in your health care, we offer many programs to help you evaluate the state of your health as well as your health risks. We work with you to help you feel good—in mind, body, and spirit.

Families just like yours have relied on Kaiser Permanente for quality health care since 1958. Kaiser Permanente consists of three entities—Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospitals; and Hawaii Permanente Medical Group,

Inc. (HPMG). All three work together to provide you with a broad range of medical care, benefits, and services.

We provide services through our own hospital, Kaiser Permanente Moanalua Medical Center on Oahu, as well as our outpatient medical clinics on Oahu, Maui, and Hawaii. On the Neighbor Islands, Kaiser Permanente physicians are on staff at the community hospitals, which we use along with other qualified local facilities and providers. On Kauai, Lanai, and Molokai, we've contracted with multiple providers that our members can see for primary care. For more information, see "Getting care on Kauai, Lanai, and Molokai" on page 26.





The quality of care and service you receive is extremely important to us. All of our physicians (members of HPMG), contracted providers (physicians and other licensed practitioners), and facilities must meet our credentialing, licensing, and performance requirements.

It's important to remember that you must receive all your care from Kaiser Permanente physicians. If you need a service or type of care that your health care team can't provide, your physician may refer you to a contracted practitioner. If your physician does refer you to a contracted practitioner, we'll cover that service according to your health plan benefits.

In most cases, you'll be responsible for paying the same supplemental charges that you would pay if you had received the services from a Kaiser Permanente practitioner. These charges are due when you receive care. Please refer to your *Benefits Summary*, which you may obtain from your employer or group administrator. If you have questions about your benefits, please contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

interpreter SERVICES

We offer interpreter services at no charge. If you need an interpreter during your next doctor visit, inform the appointment clerk when scheduling your appointment. For all other questions, call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). A Customer Service representative will provide an interpreter over the phone. Members who are deaf, hard of hearing, or speech impaired may call toll free **1-877-447-5990** (TTY). Our interpreter services are available only at Kaiser Permanente facilities.

繁體中文

我們提供免費口譯員服務。若你下次看醫生時需要口譯員，在您安排預約時，請告知預約部職員。有關所有其他問題，請致電本公司客戶服務中心：**432-5955**(Oahu) 或 **1-800-966-5955** (鄰島)。客戶服務代表將為您安排電話口譯員。耳聾人士、聽力障礙人士、語言障礙人士可致電 **1-877-447-5990** (TTY)。我們只在凱薩醫療機構的醫療場所提供口譯員服務。

‘Ōlelo Hawai‘i

Aia he kōkua manuahi me ka unuhi ‘ōlelo ‘ana. Inā makemake ‘oe i kekahi mea unuhi ‘ōlelo i kou hele hou ‘ana i ke kauka e noi i ka mea ho‘opa‘a manawa ma ke ke‘ena kauka i po‘e kōkua no ka unuhi ‘ōlelo ‘ana. Inā he mau nīnau hou a‘e pili ana i nā pono ‘ē a‘e, e kelepona aku i ke kiko waena kōkua ma ka helu **432-5955** (O‘ahu) a i‘ole **1-800-966-5955** (na mokupuni ‘e a‘e). Na ka ‘elele o ka mea kōkua (customer service representative) e ho‘opa‘a i mea unuhi ‘ōlelo nou ma ke kelepona. Hiki i ka lālā kuli a i‘ole ka lālā pilikia me ka lohe ‘ana a me ke kama‘ilio ‘ana ke ka‘a ‘ike ma ka helu **1-800-447-5990** (TTY). Hiki i ke kōkua manuahi me ka unuhi ‘ōlelo ‘ana he lālā mau ke ho‘ohana ma nā pono lako o Kaiser Permanente wale nō.



Ilokano

Mangididiyakami iti libre a serbisio iti panaginterprete wenna panagipatarus ken mangilawlawag iti kayatmo a sawen. No kasapulam ti interpreter iti sumaruno nga ipapanmo iti doktor, ipakaammom la dayta iti klerk a para eskediul wenna iti appointment klerk inton paituding wenna payeskediuismo no kaano ti ipapanmo iti doktor. Kadagiti amin a dadduma pay a saludsod, teleponuan ti Customer Service Center iti **432-5955** (Oahu) wenna iti **1-800-966-5955** (Kakaarruba nga Isla). Mangted no kua ti pannakabagi ti Customer Service iti interpreter babaen ti telepono. Kadagiti kameng a tuleng, nakapsut ti panagdengngegna, wenna adda diperensia ti panagsaona, mabalinna ti umawag/agpaawag iti toll free a numero **1-877-447-5990** (TTY). Kadagiti laeng pasilidad ti Kaiser Permanente ti pakaidiayaan ti kastoy a libre a serbisiomi iti panaginterprete.

日本語

通訳サービスを無料で提供しております。次回の来診時に通訳が入り用の場合は、予約をする際、予約受付にお知らせください。その他のご質問はカスタマーサービスセンター: 電話 **432-5955** (オアフ島) / **1-800-966-5955** (近隣の島から) にお電話ください。カスタマーサービスでは通訳が電話の対応を致します。また聴覚障害あるいは言語障害をお持ちの方はテレタイプライターサービス **1-877-477-5990** もご利用いただけます。なお私どもの通訳サービスは、Kaiser Permanente の医療機関でのみご利用いただけることをご留意ください。

한국어

통역 서비스를 무료로 제공해 드립니다. 다음 진료 때 통역이 필요하신 경우, 진료 예약 시, 담당 직원에게 말씀해 주십시오. 다른 문의 사항이 있으시면, 고객 서비스 센터 **432-5955** (오하우 섬의 경우) 또는 **1-800-966-5955** (인근 섬의 경우)로 연락 주십시오. 고객 서비스 센터의 상담원이 전화 상으로 통역을 통해 도와 드릴 것입니다. 청각 장애인, 난청이신 분, 또는 언어 장애가 있으신 분은 전용 번호인 **1-877-447-5990** (TTY)으로 연락 주십시오. 통역 서비스는 Kaiser Permanente 시설에서만 이용 가능합니다.



Sāmoa

E matou te ofoina atu auaunaga a faamatalaupu e aunoa ma se totoi. Afai ete manaomia se faamatalaupu i le isi taimi ete alu ai e vaai lau foma'i, logo le failautusi e faasoloina taimi mo sou avanoa pe a faatulaga leisi taimi e toe vaai ai le foma'i. Mo isi fesili uma, valaau la matou Ofisa Tutotonu o Auaunaga mo Tagata i le **432-5955** (Oahu) poo **1-800-966-5955** (Motu Tua'oi). O se sui o Auaunaga mo Tagata o le a faafesootaia se faamatalaupu i luga o le telefoni. O sui e logonoa, faigatā ona faalogo, faaletonu le tautala e ono mafai ona valaau le telefoni e lē totogia o le **1-877-447-5990** (TTY). O a matou auaunaga a faamatalaupu e na'o ofisa i Kaiser Permanente e maua ai.

Español

Ofrecemos servicios gratuitos de interpretación. Si necesita un intérprete para su próxima consulta médica, avísele a la persona encargada de las citas cuando haga su siguiente cita. Si tiene alguna otra pregunta, llame a nuestro Centro de Servicio al Cliente al **432-5955** (en Oahu) o al **1-800-966-5955** (en las islas vecinas). Un representante de Servicio al Cliente le conectará con un intérprete por teléfono. Los miembros sordos, con problemas auditivos o del habla pueden llamar al número sin costo **1-877-447-5990** (TTY). Nuestros servicios de interpretación sólo están disponibles en las instalaciones de Kaiser Permanente.

Tagalog

Nagkakaloob kami ng serbisyong pagsasalin-salita ng walang bayad. Kung kayo ay nangangailangan ng isang magsasalin-salita sa inyong susunod na pagpapatingin sa doctor, ipagbigay-alam sa appointment clerk kapag nagtatakda ng susunod na appointment ninyo. Para sa lahat ng ibang mga katanungan, tumawag sa Customer Service Center sa **432-5955** (Oahu) o **1-800-966-5955** (Mga Kalapit na Isla). Tutulungan ang kinatawan ng Customer Service ng isang tagapagsalin-salita habang kayo ay nasa telephone. Ang mga miyembro na bingi, may kahirapan sa pandinig, o may kapansanan sa pananalita ay maaaring tumawag nang walang bayad sa **1-877-447-5990** (TTY). Pinagkakaloob ang aming mga serbisyong pagsasalin-salita sa mga tanggapan ng Kaiser Permanente lamang.

Tiếng Việt

Chúng tôi cung cấp các dịch vụ phiên dịch miễn phí. Nếu quý vị cần thông dịch viên trong buổi khám tới với bác sĩ, xin báo cho nhân viên xếp hẹn biết khi quý vị lấy hẹn. Đối với tất cả những thắc mắc khác, xin gọi Trung Tâm Dịch Vụ Khách Hàng (Customer Service Center) của chúng tôi tại số **432-5955** (Oahu) hoặc **1-800-966-5955** (Neighbor Islands). Đại diện Dịch vụ Khách Hàng sẽ cung cấp một thông dịch viên qua điện thoại cho quý vị. Những hội viên bị điếc, lảng tai, hoặc khiếm khuyết về âm ngữ có thể gọi số **1-877-447-5990** (TTY). Dịch vụ phiên dịch của chúng tôi chỉ có sẵn tại các cơ sở của Kaiser Permanente.

emergency

SERVICES

We cover emergency care from Plan providers and non-Plan providers anywhere in the world. If you think you're having an emergency, go immediately to the Emergency Department. Don't take the time to call Kaiser Permanente, as precious time may be wasted. If you think you need an ambulance, call 911.

Accidents, pain, and unexpected health problems may occur after our regular hours of operation. While most minor illnesses or injuries are best treated by your personal physician, an unexpected physical trauma or illness can happen anytime. That's why you should know all your options for getting the care you need.

A medical emergency is a sudden, unforeseen, and potentially life-threatening situation that requires immediate medical attention. Examples include, but are not limited to:

- Heart attack or stroke symptoms, such as chest pain, sweating, severe headaches, inability to move an arm or leg, or inability to speak or smile.
- Extreme difficulty breathing.
- Sudden or extended loss of consciousness.
- Uncontrollable bleeding.
- Sudden loss of vision.

The copayment for an Emergency Department visit within the Hawaii service area varies depending on your plan benefits. Emergency services from non-Kaiser Permanente practitioners are covered by your health plan benefits only if you meet all of the following requirements:

1. The services meet the prudent layperson standard.
2. The services were immediately required because it was an unforeseen illness or injury.

3. The delay caused by going to see a Kaiser Permanente practitioner would have resulted in death, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part; or would have placed the health of the individual in serious jeopardy.

For all urgent and non-life-threatening medical conditions, you must go to a Kaiser Permanente clinic or to our Moanalua Medical Center on Oahu in order for coverage to apply. Continuing or follow-up care from non-Kaiser Permanente practitioners is not covered. Refer to your *Benefits Summary*, which you may obtain from your employer or group administrator, for a description of coverage for emergency services.

If you're admitted to a non-Kaiser Permanente facility, you or a family member must notify Kaiser Permanente within 48 hours after care begins (or as soon as reasonably possible) by calling the phone number on the back of your Kaiser Permanente identification (ID) card. This must be done, or your claim for payment may be denied. We may arrange for your transfer to a Kaiser Permanente facility as soon as it is medically appropriate.

after-hours AND urgent care

SERVICES

For advice during clinic hours, call your local clinic. For medical problems or questions you may have after the clinics are closed, you may call our After-Hours Advice Line.

After-Hours Advice Line

This service is available exclusively to Kaiser Permanente members. Registered nurses will provide advice when medically appropriate or direct you to the appropriate place for care. You'll need to provide your medical record number (shown on the front of your Kaiser Permanente ID card) or the medical record number of the person you're calling about. Keep that number handy so that we'll be able to help you more quickly.

The After-Hours Advice Line is open:

- Monday–Friday, 5 p.m.–8 a.m.
Saturday, noon–Monday, 8 a.m.
Holidays, 8 a.m.–8 a.m. (next day)
- Oahu: **432-7700**
- Neighbor Islands: **1-800-467-3011**
- TTY (toll free): **1-877-447-5990**

Kaiser Permanente also offers secure online services through My Health Manager at **kp.org**. This powerful resource allows you to perform many health-related activities from the convenience of your computer, such as viewing most lab test results, e-mailing your doctor's office (for nonurgent concerns), ordering prescription refills, and more. At **kp.org**, you can also research featured health topics and access our up-to-date health encyclopedia for a wide range of useful information.

For medical problems related to any type of poison or chemical, call the Hawaii Poison Center:

- **1-800-222-1222**
- Open 24 hours a day, 7 days a week



After-hours care

We provide extended, nonemergency, nonroutine care after the clinics are closed.

At our Moanalua Medical Center on Oahu, after-hours care is available:

- Monday–Friday, 5–10 p.m.
- Saturday, 1–10 p.m.
- Sunday and holidays, 8 a.m.–10 p.m.

Please call **432-7700** to make an appointment before your visit. You can park in the Moanalua Medical Center garage and use the main entrance to the hospital (go to the third floor, module 3D). The cost for an after-hours clinic visit is the same as for a routine clinic appointment.

At our Maui Lani Clinic on Maui, after-hours care is available:

- Monday–Friday, 5–8 p.m.
- Saturday, Sunday and holidays, 8 a.m.–5 p.m.
- Closed on Christmas Day and New Year's Day

Please call **243-6050** to make an appointment before your visit. The cost for an after-hours clinic visit is the same as for a routine clinic appointment.

Urgent care

Our Honolulu Clinic's Urgent Care Department provides nonemergency, nonroutine care to walk-in patients. Our doctors at this clinic can provide care for many minor physical traumas and related problems, including sprains, dislocations, and lacerations. Because this is a walk-in service, your wait time will depend on the severity of your condition. For more information, call **432-2000**.

At our Honolulu Clinic, urgent care is available:

- Monday–Saturday, 8 a.m.–6 p.m.
- Closed Sunday and holidays

The cost for an urgent care visit is the same as for a routine clinic appointment.

YOUR rights AND responsibilities

As a health care team, we treat each other, our members, and our community as part of our ohana. We support each other to provide quality care for the health and well-being of our families and the community. We acknowledge the importance of these needs and strive to exceed expectations.

You are our partner in your health care, and your participation in decisions about your health care is important. Your willingness to speak with your doctor and other health care practitioners about your needs can help us provide you with the right type of care.

For detailed information about your rights to privacy, please refer to your *Notice of Privacy Practices* on our Web site at kp.org. Simply click on the "Privacy practices" link at the bottom of the page, and then click on the "Hawaii" link. Or contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Your rights

As a person using our services, you have specific rights regardless of your age, cultural background, gender, sexual orientation, financial status, national origin, race, or religion, or disability.

You have a right to:

- **Receive information about Kaiser Permanente**, our services, our health care practitioners and providers, and your rights and responsibilities.
- **Get information about the people who provide your health care**, including their names, professional status, and board certification.
- **Be treated with consideration, compassion, and respect**, taking into account your dignity and individuality, including privacy in treatment and care.
- **Make decisions about your medical care**. This includes advance directives to have life-prolonging medical or surgical treatment given, ended, or stopped; withholding resuscitative services; and care at the end of life. You have the right to assign another person to make health care decisions for you, to the extent allowed by law.
- **Discuss all medically necessary treatment options**, regardless of cost or benefit coverage.
- **Voice your complaints freely, without fear of discrimination or retaliation**. If you are not satisfied with how your complaint was handled, you may have us reconsider your complaint.
- **Make recommendations** regarding Kaiser Permanente's *Member Rights and Responsibilities* statement.



- **Be involved and include your family in the planning** of your medical care. You have the right to be informed of the risks, benefits, and consequences of your actions. You may refuse to participate in experimental research.
- **Choose your primary care physician, change your primary care physician, or obtain a second opinion** within Kaiser Permanente. You also have the right to consult with a non-Plan doctor at your own expense.
- **Establish a relationship with a specialist or qualified practitioner of women's health services** to ensure your continuing care for specific conditions.
- **Receive information and discuss with your doctor your medical condition, available treatment options, alternatives, and diagnosis** in a manner appropriate to your condition and your ability to understand.
- **Obtain language interpretation services** when required to understand your care and services.
- **Be involved in the consideration of bioethical issues.** You have the right to contact our Bioethics Committee for help in resolving ethical, legal, and moral matters relating to your care.
- **Be informed of the relationship between Kaiser Permanente and other health care programs, providers, and schools.**
- **Be informed about how new technologies are evaluated** in relation to benefit coverage.
- **Receive the medical information and education you need** to participate in your health care.
- **Give informed consent** before the start of any procedure or treatment.
- **Have access to medically necessary services and treatment including emergency treatment, and covered benefits,** in a timely and fair way. Services should not be arbitrarily denied or reduced in amount, duration or scope because of diagnosis, type of illness, or condition.
- **Have your cultural, psychological, social, and spiritual needs considered and respected.**
- **Be assured of privacy and confidentiality of all communications and records related to your care and have your confidentiality protected.** You or a person you choose can request and receive a copy of or access your medical records and request to amend or correct the record, within the limits of the law. In addition, you have the right to limit, restrict or prevent disclosure of protected health information.

YOUR RIGHTS AND RESPONSIBILITIES (CONTINUED)

- **Be treated in a safe, secure, and clean environment** free from physical and drug restraints except when ordered by a doctor or, in the case of an emergency, when it is necessary to protect you or others from injury.
- **Receive appropriate and effective pain management** as an important part of your care plan.
- **Get an explanation of your bill and benefits regardless of how you pay.** You have the right to know about our available services, referral procedures, and costs.
- **Receive other information and services** required by various state or federal programs.
- **When appropriate,** be informed about the outcomes of care, including unanticipated outcomes.

Your responsibilities

As a partner in your health care, you have a responsibility to:

- **Provide accurate and complete information** about your present and past medical conditions.
- **Follow the treatment plan agreed on by you and your health care practitioner.** You have a responsibility to inform your health care practitioner if you do not understand or cannot follow through with your treatment.
- **Understand your health problems** and participate in developing mutually agreed-upon treatment goals, to the extent possible.
- **Identify yourself** appropriately and use your Kaiser Permanente identification card in accordance with Kaiser Permanente policies and procedures.
- **Cooperate with our staff** to help ensure proper diagnosis and treatment of your illness or condition.
- **Keep your appointments** or, if you cannot keep them, cancel appointments in a timely manner.
- **Know your benefit coverage and its limitations.**
- **Cooperate in signing a release form when you choose to refuse recommended treatment or procedures.**
- **Realize the effects your lifestyle has on your health** and understand that decisions you make in your daily life, such as smoking, can affect your health.
- **Be considerate of others** by respecting the rights and feelings of the staff and respecting the privacy of other patients.
- **Refrain from disturbing or disrupting operations and administration,** and cooperate with our staff to allow services to other patients to be performed without interruption.
- **Follow all hospital, clinic, and health plan rules and regulations,** including respecting hospital visiting hours.
- **Pay your bills** when they're due and cooperate in the proper processing of third-party payments.
- **Inform us** when you or your covered dependents change addresses.

Hospital patient rights

As a person receiving our services, you have specific rights regardless of your age, cultural background, gender, sexual orientation, financial status, national origin, race, religion, or disability.

As a patient in the Moanalua Medical Center, you also have the right to:

- **Receive information about your rights and responsibilities** when you're admitted.
- **Receive orderly transfer and discharge** for your welfare, other patients' welfare, or other causes as determined by your physician. Also, you have the right to receive reasonable advance notice and discharge planning by qualified hospital staff to help ensure appropriate post-hospital placement and care.
- **Request visits by clergy** at any time and participate in social and religious activities, unless doing so infringes on the rights of other patients or would compromise your medical care.
- **Receive and use your own clothing and possessions** as space permits, unless doing so infringes on the rights of other patients, is in violation of hospital safety practices, or would compromise your medical care.
- **Receive reasonable accommodations for private visits.** If couples are patients in the facility, they may share a room if one is available and if doing so does not compromise their medical care.
- **Manage your personal financial affairs.** In the event Kaiser Foundation Hospital agrees to manage your personal funds, we will explain the conditions under which these responsibilities will be exercised.
- **Access appropriate educational services** when a child or adolescent patient's treatment necessitates a significant absence from school.
- **Protection from requests to perform services for Kaiser Foundation Hospital** that are not included for therapeutic purposes in your plan of care.
- **Be free from any form of restraint or seclusion** as a means of coercion, discipline, convenience or retaliation as specified in federal regulations on the use of restraints and seclusion.
- **File a complaint in the hospital** by first asking to speak with the department manager or supervisor. If you are not satisfied with the response, please contact Hospital Administration, which is located on the first floor of the hospital or reached through the operator at **432-0000**. If the concern cannot be resolved by the hospital, you may contact The Joint Commission by either calling **1-800-994-6610** or e-mailing complaint@jointcommision.org.

YOUR RIGHTS AND RESPONSIBILITIES (CONTINUED)

Care when you need it

We're committed to providing the services you need, when you need them.

- If you need a same-day appointment, call the appointment line at your clinic.
- If you need advice during regular clinic hours, call the clinic where your personal physician is located or any other Kaiser Permanente clinic. Always use a Kaiser Permanente clinic or one of our contracted facilities when seeking nonemergency care during clinic hours. Clinic hours vary, so consult *Our Physicians and Locations Directory* or go to our online facility directory at kp.org. Both include listings of our clinics, telephone numbers, and hours.

To obtain a copy of our directory, please contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Privacy information

Your privacy is important to us. Our physicians and employees are required to keep your protected health information (PHI) confidential whether it is oral, written, or electronically transmitted.

We have policies, procedures, and other safeguards in place to help protect your PHI from improper use and disclosure in all settings, as required by state and federal laws.

We will release your PHI when you give us written authorization to do so, when the law requires us to disclose information, or under certain circumstances when the law permits us to use or disclose information without your permission.

For example, in the course of providing treatment, our health care professionals may use and disclose your PHI in order to provide and coordinate your care, without obtaining your authorization.

Your PHI may also be used without your authorization to determine who is responsible to pay for medical care and for other health care operation purposes, such as quality assessment and improvement, licensing, accreditation, and determining premiums and other costs of providing health care. If you are enrolled in Kaiser Permanente through your employer or employee organization, we may be allowed under the law to disclose to it certain PHI, for example, regarding health plan eligibility or payment, or regarding a workers' compensation claim. Sometimes, we contract with others (business associates) to perform services for us and in those cases, our business associates must agree to safeguard any PHI they receive.

Our privacy policies and procedures include information on your right to see, correct or update, and receive copies of your PHI. You may also ask us for a list of our disclosures of your PHI that we are required to track under the law.

For a more complete explanation of our privacy policies, please request a copy of our "Notice of Privacy Practices", which is on our Web site, in our medical offices, or by calling our Customer Service Center. If you have questions or concerns about our privacy practices, please contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).



IMPORTANT phone numbers

In Hawaii

Customer Service Center

Monday–Friday, 8 a.m.–5 p.m.
Saturday, 8 a.m.–noon
Oahu **432-5955**
Neighbor Islands **1-800-966-5955**
TTY (toll free) **1-877-447-5990**

After-Hours Advice Line

Monday–Friday, 5 p.m.–8 a.m.
Saturday, noon–Monday, 8 a.m.
Holidays, 8 a.m.–8 a.m. (next day)
Oahu **432-7700**
Neighbor Islands **1-800-467-3011**
TTY (toll free) **1-877-447-5990**

After-Hours clinic hours

Moanalua Medical Center

Monday–Friday, 5–10 p.m.
Saturday, 1–10 p.m.
Sunday and holidays, 8 a.m.–10 p.m.
Please call **432-7700** to make an appointment before your visit.

Maui Lani Clinic

Monday–Friday, 5–8 p.m.
Saturday, Sunday, and Holidays,
8 a.m.–5 p.m.
Closed on Christmas Day and
New Year's Day
Please call **243-6050** to make an appointment before your visit.

Urgent care clinic hours

Honolulu Clinic

Monday–Saturday, 8 a.m.–6 p.m.
Closed Sunday and holidays
Walk-ins are welcome. Your wait time will depend on the severity of your condition.

Hawaii Poison Center

1-800-222-1222
24 hours a day, 7 days a week

Hawaii State Department of Commerce and Consumer Affairs – Insurance Division

Oahu **586-2790**
Maui **984-2400**
Hawaii **974-4000**
Kauai **274-3141**

Hawaii Med-QUEST Division (Medicaid)

Monday–Friday, 7:45 a.m.–4:30 p.m.
Oahu **586-5390**

Occupational Health Services

For additional information or
to schedule an appointment
Oahu **432-2208**
Neighbor Islands
(toll free) **1-888-683-2208**



Prescription refills

Kaiser Permanente's automated prescription refill line
Oahu **432-7979**
Neighbor Islands (toll free) **1-888-867-2118**

Automated Refill Center

Monday–Friday, 8:30 a.m.–5 p.m.
Oahu **432-5510**
Neighbor Islands (toll free) **1-866-250-1805**
TTY (toll free from your island) **711 or 1-877-447-5990**

Outside Hawaii

Kaiser Permanente offers medical care in nine states and the District of Columbia. You may receive certain services as a visiting member when you travel to one of the following areas. For information about medical care, please call during regular business hours. Kaiser Permanente service areas are subject to change at any time.

California **1-800-464-4000**

Colorado
Denver/Boulder/Longmont **(303) 338-3800**
Colorado Springs (toll free) **1-888-681-7878**
Other areas **1-800-632-9700**

District of Columbia **1-800-777-7902**

Georgia
Metropolitan Atlanta **(404) 261-2590**

Idaho
Group Health Cooperative (toll free) **1-888-901-4636**

Maryland
Baltimore area **1-800-777-7902**

Ohio **1-800-686-7100**

Oregon
Portland area **(503) 813-2000**
Other areas **1-800-813-2000**

Virginia **1-800-777-7902**

Washington
Kaiser Permanente **1-800-813-2000**
Group Health Cooperative (toll free) **1-888-901-4636**

WHO TO call FOR help

The Customer Service Center can help you understand your health plan.

Customer Service Center

When you need help understanding your health plan, just call:

Monday–Friday, 8 a.m.–5 p.m.
Saturday, 8 a.m.–noon
Oahu **432-5955**
Neighbor Islands and
outside the Hawaii
service area **1-800-966-5955**
TTY **1-877-447-5990**

Or visit kp.org.

When you have questions, ask us. We can help you understand:

- Your benefits.
- Claims and billing.
- How to file an appeal.
- How to change your address on our records.
- How to replace your Kaiser Permanente ID card.
- Professional qualifications of our primary and specialty practitioners.

The following are also available upon request:

- Conditions under which Kaiser Permanente may change premium rates and the factors that may affect changes in the rates.
- Provisions related to renewing your coverage.
- The geographic area served.



Member satisfaction procedure

We welcome your comments and concerns. They are an encouragement when we meet your expectations and an opportunity for improvement when we fall short. You may provide your comments and concerns to your personal physician or the departmental supervisor. You may also use the *Let Us Hear From You* customer feedback forms found in all Kaiser Permanente clinics, or call or write to our Customer Service Center. We'll respond within 30 days of receiving your comments and concerns.

Our address

Kaiser Foundation Health Plan, Inc.
Customer Service Center
711 Kapiolani Blvd.
Honolulu, HI 96813

Phone numbers

Oahu	432-5955
Neighbor Islands	1-800-966-5955
TTY	1-877-447-5990

About quality care

Each year, Kaiser Permanente drafts a quality summary report that identifies the goals, objectives, and activities we use to improve care and service to members and our community. For a free copy of this report, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). You may also view the report on our Web site at **kp.org**.

BECOMING A member

OF KAISER PERMANENTE

Who may enroll

You and your eligible dependents may enroll if you live in the Hawaii service area of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii at the time of enrollment. After enrollment, you must continue to live in the Hawaii service area in order to remain a member. Subscribers who work, but don't live, in the Hawaii service area may also enroll. Family dependents must live in the Hawaii service area.

As the subscriber, you may enroll within 31 calendar days of becoming a newly eligible employee or during your employer group's open enrollment period. There is generally a 30-day waiting period after your application has been submitted. The following family dependents may enroll with you:

- Your spouse.
- Your and/or your spouse's unmarried dependent children (biological, adopted, or step) under age 19.
- Your and/or your spouse's unmarried dependent children (biological, adopted, or step) under age 25 who are pursuing a license, degree, or professional certification at a state-recognized and fully accredited educational institution on a full-time basis.
- Your and/or your spouse's disabled children (biological, adopted, or step) who are chiefly dependent on you and/or your spouse for support and who are incapable of self-sustaining employment because of mental retardation or physical handicap. (The disability must have occurred prior to age 19 or when the child was still a dependent on the subscriber's plan as a full-time student under age 25.) You must apply for continued enrollment for disabled dependents and you must furnish proof of the incapacity and dependency within 31 calendar days of any request from us.
- Any other unmarried person who is under age 19, entirely supported by you or your spouse, permanently residing in your household, for whom you or your spouse is (or was before the person's 18th birthday) the court-appointed guardian, and with whom you are living in a parent-child relationship.
- Newly eligible dependents, such as a new spouse, a newborn child, or children placed with you for adoption, **if you apply and pay any applicable dues within 31 calendar days of their becoming eligible** to enroll (that is, date of marriage, date of birth, or date of placement for adoption) and provide us with any documentation we may reasonably request.



Timely enrollment

As the subscriber, you may enroll any newborn or adopted child who newly attains eligibility to become a family dependent. To do so, submit a change of enrollment form to your employer group **and** have your employer group submit the completed enrollment form to Kaiser Permanente within 31 calendar days of the newborn's birth or of the date the adopted child was placed for adoption. **If we fail to receive the completed enrollment form by this deadline, the newborn or adopted child may not be enrolled until your employer group's next open enrollment period.**

Effective date for newborns

An eligible newborn's membership is effective from birth if he or she lives in the Hawaii service area and is enrolled within 31 calendar days of birth. **However, coverage is subject to your plan's terms and restrictions.** For example, if your newborn is delivered by or receives care from a non-Kaiser Permanente practitioner (aside from covered emergency services), the care will not be covered.

For mothers who are covered by a non-Kaiser Permanente insurer, and plan to obtain their prenatal care from a non-Kaiser Permanente physician, plan to

have their baby delivered by a non-Kaiser Permanente physician, and then decide to enroll the newborn under the father's Kaiser Permanente plan, any care the newborn received from non-Kaiser Permanente physicians and providers will not be covered. Planned deliveries at non-Kaiser Permanente facilities are not covered.

If you have questions, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). For a full description of plan terms, you may also refer to your *Group Medical and Hospital Service Agreement*, which is available from your employer or group administrator.

Effective date for newborns/ children who are subjects of a petition to adopt

An eligible newborn who is the subject of a petition for adoption by the subscriber and who has been treated from birth by a Kaiser Permanente Hawaii physician will have a membership effective date from birth (coverage will be subject to your plan terms and restrictions) if you give Kaiser Permanente written notice of your intent to adopt the newborn prior to birth or within 31 calendar days of the birth of the newborn.

BECOMING A MEMBER OF KAISER PERMANENTE (CONTINUED)

Effective date for newborns/ children who are subjects of a petition to adopt (continued)

An eligible newborn or child who is the subject of a petition for adoption by the subscriber and who has not been treated from birth by a Kaiser Permanente physician has a membership effective date (coverage will be subject to your plan terms and restrictions) from the earlier of:

- The first calendar day following receipt by Kaiser Permanente of a document authorizing the subscriber to consent to treatment of the newborn/child.
- The date the child is placed for adoption via court order, if Kaiser Permanente receives notification of the placement within 31 calendar days of the placement. We may request a copy of such court order.

Who is ineligible for this plan

You are not eligible to enroll if you or a family member have had entitlement to receive services through Kaiser Foundation Health Plan, Inc., terminated for any of the reasons listed under "Termination of your membership," or if you don't meet plan eligibility criteria.

If you become eligible for Medicare

Medicare is the federal health insurance program for people 65 or older, some people under 65 with certain disabilities, and people of all ages with end-stage

renal disease (permanent kidney failure requiring dialysis or a kidney transplant). To obtain information about your eligibility or benefits under Original Medicare, you may call **1-800-MEDICARE (1-800-633-4227)** or visit the **medicare.gov** Web site.

When you reach 65 or become eligible for Medicare, a change in your premium may occur. If you become eligible for Medicare, you may continue your Kaiser Permanente membership in addition to Original Medicare or you may be eligible for enrollment in Kaiser Permanente Senior Advantage, our Medicare Advantage plan. Prospective Senior Advantage plan enrollees must reside in the Senior Advantage Hawaii service area of Oahu, Maui, and Hawaii (except for ZIP codes 96718, 96772, and 96777). For more information about whether you qualify to enroll in Senior Advantage, please call our Customer Service Center at **1-800-805-2739** from 8 a.m. to 8 p.m., seven days a week.

Your Kaiser Permanente identification card

You'll need to present your Kaiser Permanente ID card, along with a valid photo ID card, to receive care and service from us. Please carry your Kaiser Permanente ID card with you at all times. If it's lost or damaged, call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands), or sign on to **kp.org** to request a new one. Both new and returning Kaiser Permanente members should

carry a temporary ID card (found on the last page of the enrollment form) for at least 10 days or until the permanent one is mailed to you.

It's a good idea to write down your medical record number on the first page of this handbook. We may provide your medical record number to your employer or group administrator for enrollment and billing purposes. Please present a valid photo ID with your Kaiser Permanente ID card. Minors may present a school photo ID. The parent or legal guardian may present his or her photo ID if a minor does not have a photo ID. We ask for photo IDs as part of our effort to protect your medical information and prevent identity theft.

Protecting you from health care fraud

Fraud and identity theft are growing problems everywhere. We take protecting you and your medical

information seriously. One way we do this is by checking your Kaiser Permanente ID card and a photo ID when you come in for care.

We're committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We provide training and resources to help our employees and physicians protect your privacy and prevent fraud and identity theft. We monitor our systems and operations to detect signs of misconduct and are committed to taking corrective action as needed.

If you see anyone using your information or our resources improperly, call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). For more information about how we're working to protect you, visit kp.org/protectingyou.

Medical record number

This number is your unique membership number. Please provide this number when calling us for an appointment. Here's an example of what your ID card looks like.



MAKE YOUR care PERSONAL

Good health care begins with your building a relationship with your personal physician.

One of the most important decisions you'll make as a member is choosing your personal physician. Your doctor is your health care advocate, your direct link to all Kaiser Permanente facilities, and your source for referrals to specialists. Your personal physician will work with you to help you meet your health goals so that you can live well.

How to choose your doctor

Step 1: Select the clinic location where you plan to receive the majority of services. Most members select a clinic that is convenient to their home or work.

Step 2: Decide what kind of doctor is best for you and your family. You may choose a doctor from one of the three primary care options. Please note that some clinic locations don't have all three primary care options.

- **Family Medicine** cares for members of all ages and specializes in caring for entire families.
- **Internal Medicine** specializes in medical and preventive care for adults.
- **Pediatrics** focuses on the specialized needs of children from birth to the age of 21.

Step 3: Review the profiles of the available physicians. You have several resources to choose from:

- **Physician biography cards**, which provide background information on each facility's/department's physicians. You can find these cards at reception counters in our clinics.
- *Our Physicians and Locations Directory*.
- Our Web site, **kp.org**.

Step 4: Call your clinic and notify the receptionist of your preferred physician.

Appointments

Services offered by our clinics are listed in *Our Physicians and Locations Directory*. Call the appointment number at your clinic during office hours for nonemergency health problems or for routine examinations. Please let us know the reason for your visit when you call to schedule your appointment.

For easier scheduling, please have your Kaiser Permanente ID card ready. You'll also need to present this ID card, along with a valid photo ID, when you check in at the clinic. Be prepared to give the appointment clerk your medical record number (located just above your name



on your Kaiser Permanente ID card), your personal physician's name, and your medical history so we can better direct your care. **Please be ready to provide information about any other health plan coverage you may have. Please bring your other health plan ID cards and present them with your Kaiser Permanente ID card and photo ID.** You may also ask to speak to an advice nurse at any time for health information.

If you need to cancel or reschedule an appointment, call the 24-hour appointment cancellation line of your Kaiser Permanente clinic so we can offer this time to other members who may need it.

If you're bringing a child in for treatment and the child is not your own, you must have an *Appointment of Representatives Authorized to Consent to Treatment of a Minor* form, which a parent needs to sign in the presence of a Kaiser Permanente staff member. To obtain this form, please contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). You can also bring a notarized Health Care Power of Attorney form. We will not be able to treat the child without one of these forms.

Self-referrals

At Kaiser Permanente, you don't need a referral to make appointments for the following services and departments:

- Alcohol and drug treatment
- Behavioral Health Services
- Eye examinations for glasses and contact lenses
- Family Practice
- Health Education
- Internal Medicine
- Medication counseling
- Obstetrics/Gynecology
- Occupational Health Services
- Pediatrics
- Social Work
- Travel Medicine

Specialty care

You'll need a referral for specialty care not listed in the "Self-Referrals" section. Your personal physician can refer you to a specialist when it's medically necessary.

MAKE YOUR CARE PERSONAL (CONTINUED)

Getting care on Kauai, Lanai, and Molokai

Kaiser Permanente has contracted with independent primary care providers on Kauai, Lanai, and Molokai to care for our members on these islands. As a member, you can choose your own personal physician and go to him or her directly for all your primary care needs as well as the management of your care, including the coordination of specialty care and referrals. You may choose your personal physician from doctors in the fields of general or family practice, internal medicine, or pediatrics. You can also see our contracted specialists in the departments of Obstetrics/Gynecology, Optometry, and Ophthalmology without a referral, although we encourage you to coordinate your overall medical care with your personal physician.

For a directory of primary and specialty care physicians, call our Customer Service Center at **1-800-966-5955** or toll free **1-877-447-5990** (TTY), Monday to Friday from 8 a.m. to 5 p.m. and Saturday from 8 a.m. to noon. Or you can visit our Web site at **kp.org**.

Hospital care is available on Kauai at Wilcox Memorial Hospital, Kauai Veterans Memorial Hospital, and the Sam Mahelona Memorial Hospital for urgent or emergency care. Hospital care is also available on Molokai at Molokai General Hospital, and on Lanai at Lanai Community Hospital. Specialty hospital care may be directed and/or transferred to Kaiser Permanente Moanalua Medical Center. Ancillary services are available via contracts locally with appropriate providers for services such as home health, skilled nursing facilities, lab tests,

diagnostic imaging, hospice, durable medical equipment, and pharmacy.

Our goal is to provide you with the highest possible quality of care at the most affordable cost to you, and that may mean recommending that you get treated on Oahu. Coach airfare is paid as a courtesy for qualified Hawaii members upon referral by a contracted Kaiser Permanente doctor. Travel restrictions exist for certain conditions and areas of service.

Connecting you with our “family of self-care tools”

At Kaiser Permanente, helping members like you get and stay healthy is one of our highest priorities.

Using our Web site, you can access the latest healthy lifestyle and medical information right from your own home—anytime, day or night. From our online health and drug encyclopedias to programs that can help you manage and improve your health, you'll find the resources you need at **kp.org**.

Whether you'd like to quit smoking, lose weight, control your cholesterol, start a fitness program, manage your diabetes, or reduce stress, we're here to help.

We understand that making lifestyle changes isn't easy. That's why we offer a broad range of self-care tools designed to help you succeed—one step at a time. We encourage you to use these tools at your convenience. (We regret that certain “secure features” of our online tools are not currently available for members living on Kauai, Molokai, or Lanai. These members may not be able

to email physicians and see lab results but they can access kp.org, including the Total Health Assessment and online Healthy Lifestyle Programs.)

My Health Manager on kp.org

On our Web site, My Health Manager gives you access to powerful online tools designed to help you manage your health. You can e-mail your doctor's office, order prescription refills, view most lab tests results, request routine appointments, check past office visit information, look up future appointments, and more. To use the secure features of My Health Manager, start by going to kp.org/register. Once you register, you can sign on to kp.org with your user ID and password. Registration is quick and easy—you'll be able to get connected in a single visit, without having to wait for your password to be e-mailed to you. Ask our clinic staff about registering the "wiki wiki" way!

Connect to better health online, with HealthMedia®

Kaiser Permanente Hawaii offers you many ways to improve your lifestyle with free customized online programs designed to help you succeed in creating a healthier lifestyle. These programs are brought to you in collaboration with HealthMedia, and we offer them only to our members.

To select the program you want, choose from the listing below, then sign on to kp.org/healthylifestyles. Fill out the online questionnaire and you'll receive a customized guide to the program you specify. With most programs we'll even follow up with personalized e-mails to help keep you on track. You can start measuring your success within weeks of completing your program.

Assess your health: Take an in-depth look at the health choices you make each day with HealthMedia® Succeed™, and get a personal plan for improving your well-being and the quality of your life. You can save your summary of results in your electronic medical record so you can discuss next steps with your Kaiser Permanente health care team.

Manage ongoing health conditions: Are you living with an ongoing health condition? When you join HealthMedia® Care™ for Your Health, you'll receive a plan for managing your symptoms, medication, and treatment, as well as encouraging reminders for making healthy lifestyle changes.

Manage chronic pain: Is chronic pain interfering with your sleep, mood, physical activity, work performance, or personal relationships? If so, HealthMedia® Care™ for Pain can help you regain control of your life.

Lose weight: HealthMedia® Balance™ gives you personalized strategies for reaching your ideal weight with a program that's helped thousands of people lose weight and keep it off.

Eat right: HealthMedia® Nourish™ gives you personalized strategies for making smart and delicious food choices to increase your energy level, manage your weight, and live a longer, healthier life.

Reduce stress: HealthMedia® Relax™ gives you personalized strategies for relieving and preventing stress by taking the time to learn about your specific needs.

Quit smoking: HealthMedia® Breathe™ gives you customized strategies to quit smoking. This award-winning program has helped others succeed. See how it can help you.

MAKE YOUR CARE PERSONAL (CONTINUED)

Connect to better health online, with HealthMedia® (continued)

Keep diabetes under control:

HealthMedia® Care™ for Diabetes provides you with a personalized plan to help you keep track of your tests and doctor visits, and offers useful tips for staying healthy.

Understand depression: If depression is affecting your life, HealthMedia® Overcoming™ Depression can help you understand what triggers your condition and suggest steps you can take to manage symptoms.

Manage insomnia: Not getting enough sleep can have a serious impact on your overall well-being. Use HealthMedia® Overcoming™ Insomnia to find ways to deal with this issue and develop techniques for getting a better night's sleep.

Manage back pain: Give yourself the support you need by evaluating your back pain with HealthMedia® Care™ for Your Back. Learn how to help keep your back pain under control.

ChooseHealthy™

As a Kaiser Permanente Hawaii member, you have access to discounts on health products and services through ChooseHealthy. ChooseHealthy is a comprehensive health Web site offering a directory of complementary health care providers, information about complementary health care services, and discounts on health and wellness products such as:

- Acupuncture
- Massage therapy services
- Fitness club memberships
- Chiropractic care
- Herbs, vitamins, and supplements
- Health and fitness books and videos

Through ChooseHealthy, you also have access to a new online feature called FitnessCoach®. This convenient resource offers personalized meal and exercise plans, telephone coaching on various health topics, and an array of tools such as online trackers that make it easy to monitor your progress on your computer.

You can use any contracted provider from ChooseHealthy, and no referral from your personal physician is required. You're responsible for paying the contracted provider's discounted fees at the time you receive care.

Visit kp.org/choosehealthy to learn more about this program, sign up, or take an online tour. Once you've joined, you'll be able to search for complementary health information, shop for health products at the online store, or locate a complementary health care provider.

You can also call toll free **1-877-335-2746** to request a list of contracted providers, a member brochure, a product listing, or other information about ChooseHealthy. ChooseHealthy is a product of American Specialty Health Incorporated.

10,000 Steps®*

Enjoy the benefits of a healthier lifestyle with our 10,000 Steps program. It's designed to help you increase your physical activity level and work toward walking 10,000 steps each day. You're encouraged to use a pedometer, and you can track your progress online once you register. The online portion of the program includes tools for verifying the average number of steps you take per day or per week. It also provides other resources for increasing your physical activity and enjoying healthy eating. As a participant, you'll also receive

motivational e-mails with helpful tips for eight weeks. Take your first step by going to kp.org/10000steps.

*10,000 Steps® is a registered trademark of HealthPartners, Inc.

Advance Health Care Directives

At Kaiser Permanente Hawaii, we support your right to make decisions regarding your health care, and we want to know how to manage your health care when you can no longer tell us. In fact, we encourage you to make these important decisions now, when you're healthy. With an Advance Health Care Directive, you can take charge of your health care and help ensure that your wishes will be respected.

By putting your wishes in writing, you can be sure that your family and health care team will know your preferences if you become unable to make decisions for yourself. And by clarifying your wishes when you're able to think clearly about them, you free your family from having to make difficult decisions for you. Your completed document(s) will be available 24 hours a day from Kaiser Permanente.

The Patient Self-Determination Act, which became effective December 1991, requires hospitals and other health care providers to inform patients about their rights regarding Advance Health Care Directives.

→ **End-of-life decisions:** You have the right to give instructions about your own health care. You may express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive. These include artificial nutrition and hydration (tube feeding and intravenous fluids) as well as pain-relief medication. Discuss these important decisions with your family and doctor.

→ **Health Care Power of Attorney:** Health Care Power of Attorney allows you to name another individual as your agent to make health care decisions for you. You may choose to have your agent make decisions for you immediately or only when you become incapable of making your own decisions.

You may name an alternate agent to act for you if your first agent is unwilling, unable, or unavailable to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a health care institution (for example, Kaiser Permanente). It is important to discuss your wishes in detail with your agent and your family.

MAKE YOUR CARE PERSONAL (CONTINUED)

Advance Health Care Directives (continued)

→ **Organ and tissue donations:**

Donating your organs for transplant is one of the greatest gifts you can give. The need is great—thousands of seriously ill individuals nationwide are waiting for organ donations, including hundreds in Hawaii. Your heart could save the life of a young mother with cardiovascular disease, your corneas could help a grandmother see her grandchildren clearly, and your kidneys could free two people from a lifetime of painful dialysis treatments.

Organs and tissues that can be donated include the heart, heart valve, liver, kidneys, lungs, pancreas, corneas, and bones.

It's important to tell your family and physician of your wishes to donate organs or tissue so that they can honor your decision. Your family must give permission; without it, your organs and tissues cannot be donated.

For more information, contact the Organ Donor Center of Hawaii at **599-7630**.

→ **Refusal of treatment and/or medical services for adults:** You may choose to refuse a treatment and/or medical services that may be used in your medical care. This includes the refusal of blood and/or blood products for adults if you have beliefs or other reasons that prohibit their use. There is a form for you to sign, available upon request, declaring your refusal of a treatment and/or medical services in your care at Kaiser Permanente. You should inform your physician of your wishes.

This is an overview of advance directives. If you would like a forms packet, please contact our Customer Service Center at **432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands), or 711 or toll free **1-877-447-5990** (TTY).

We can also provide you with all the forms you need at our free classes on advance directives. For more information and a class schedule, call **432-2260**, Monday through Friday, or visit our Web site at **kp.org**.

USING YOUR plan

For more information on services covered by your plan, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands), or visit our Web site at kp.org.

Paying for your visit

Once you've registered with our clinic receptionist, we will collect your office visit copayment then direct you to your provider.

When you plan for your visit, please remember that all supplemental charges, such as office visit, lab, X-ray, other test, procedure, or prescription medication copayments, are due on the same day that you receive services. You may pay with cash, personal check, or credit card, including Visa®, MasterCard®, Discover®, and American Express®. If you don't pay that same day, you'll be billed for your supplemental charges.

You may be billed additional supplemental charges for services performed after you've paid and left the clinic. For example, your doctor may need to send tissue samples or specimens for further testing. These additional services, which are based on initial test results, are performed to help your doctor provide you with high-quality care.

We may request deposits prior to your appointment for certain high-cost services or items related to procedures you've been scheduled for. We may also require payment in advance for services not covered under your health plan benefits. You'll be notified in advance when we require deposits or prepayments.

If you have questions about billing, please call our Patient Financial Services Department at **432-5340** (Oahu) or toll free **1-888-597-5340** (Neighbor Islands).

Preventive care guidelines

You can make a positive impact on your health just by following some basic health guidelines and by getting recommended medical screening tests. It has been scientifically proven that certain healthy lifestyle habits can go a long way toward helping keep you well and potentially add years to your life. These habits include not smoking; eating a low-fat, high-fiber diet; wearing seat belts; and maintaining a regular exercise program.

As your health care partner, we'll do our part by focusing on early detection and timely treatment of disease. To monitor your health and identify symptoms at an early stage, we ask that you follow these preventive care guidelines. The services listed can be obtained through your health care team.

The preventive care guidelines on pages 32 to 36 are for healthy adults and children with no symptoms of illness. Your doctor may recommend that you have some of these tests more often based on the information you provide, including your age, medical history, and lifestyle. Children need frequent health examinations to have their growth and development monitored and to receive immunizations. Preventive care schedules often incorporate these aspects into each visit. The schedules allow for some variation.

USING YOUR PLAN (CONTINUED)

Preventive-Care Guidelines for Children and Adolescents

AGE	VACCINATION*	CHECKUP
Birth	Hep B (Hepatitis B)	
2 weeks		Well-child visit
2 months	DTaP (diphtheria/tetanus/acellular pertussis), Hib (<i>Haemophilus influenzae type B</i>), 2nd Hep B, Polio vaccine, Pneumococcal conjugate vaccine, 1st rotavirus oral vaccine	Well-child visit
4 months	2nd DTaP, 2nd Hib, 2nd Hep B (repeat if combo), 2nd Polio vaccine, 2nd Pneumococcal conjugate vaccine, 2nd rotavirus oral vaccine	Well-child visit
6 months	3rd DTaP, 3rd Hib as indicated, 3rd Hep B, 3rd Polio vaccine, 3rd Pneumococcal conjugate vaccine, influenza annually to age 18, 3rd rotavirus oral vaccine (by age 32 weeks)	Well-child visit
9 months	Complete blood count, TB (tuberculosis) skin test	Well-child visit
12 to 13 months	MMR (measles/mumps/rubella) 1st Hep A (Hepatitis A), varicella (chicken pox)	Well-child visit
15 months	4th DTaP, 4th pneumococcal conjugate vaccine	Well-child visit (when indicated)
18 months	2nd Hep A, catch-up vaccinations as needed	Well-child visit
2 to 5 years	TB skin test once between the ages of 4 to 6 years, 5th DTaP, 2nd MMR, 2nd varicella (chicken pox), 4th polio	Every year
6 to 13 years	TDaP (tetanus/diphtheria/acellular pertussis) booster at 11 years if more than 5 years from last DTP (diphtheria/tetanus/pertussis)/DTaP/DT (diphtheria/tetanus), then every 10 years; HPV (human papillomavirus) vaccine for females age 11 to 18; meningococcal age 11 to 18 (opt)	Every 2 years
14 to 18 years	TDaP booster if not given at 11 to 13 years, then Td (tetanus/diphtheria) every 10 years; complete blood count for females (once); annual chlamydia test if sexually experienced	Every year—health risk behavior screening

*Vaccine schedule subject to change based on U.S. Centers for Disease Control and Prevention/ American Academy of Pediatrics recommendations.

As research continues in preventive medicine, we're committed to revising our guidelines as new information emerges. We ask you to partner with us in your health care by living a healthy lifestyle and following these preventive care guidelines for you and your family.

Safety and health

AGE*	RECOMMENDATION	COMMENTS
Infant	Ensure safe sleeping	Babies should sleep on their sides or backs (not stomachs) to help prevent sudden infant death syndrome (SIDS).
Infant	Avoid sun exposure	Sun exposure is the direct cause of skin cancer. Keep your baby covered up when outside or use a sunscreen specifically formulated for infants.
Infant/toddler	Prevent injuries and accidents	Childproof your home with childproof latches, outlet covers, and other safety devices.
Infant/toddler	Provide proper nutrition	Feed your baby with breast milk, if possible, for at least the first year. Low-fat diets are not recommended for infants and toddlers.
Infant/toddler	Prevent tooth decay	Only give your baby bedtime bottles containing water. Liquids with natural or artificial sugar, such as milk or juice, contribute to tooth decay (and ear infections).
Infant/toddler	Travel safely	Always put your child in an age-appropriate, approved car seat. Car seats should be installed in the back seat only.
School age/adolescent	Practice good oral hygiene	Brush regularly with a fluoride toothpaste, and floss daily to prevent gum disease.
School age/adolescent	Prevent injuries and accidents	Always wear a seat belt. Use safety equipment, such as helmets and other protective gear, when riding a bicycle, skating, and playing sports.
School age/adolescent	Avoid alcohol	Don't drink. Don't ride in a car with a driver who has been drinking.
School age/adolescent	Say no to tobacco and drugs	Don't smoke or chew tobacco. Don't take drugs. If you want to quit, talk to your health care practitioner—we can help.

USING YOUR PLAN (CONTINUED)

AGE*	RECOMMENDATION	COMMENTS
School age/ adolescent	Limit sun exposure	Apply sunscreen before going out in the sun and reapply regularly. Wear long-sleeved shirts, hats, and sunglasses whenever possible.
School age/ adolescent	Eat a balanced diet	Have 5 or more servings of fruits and vegetables every day. Limit fat and cholesterol. Eat foods high in fiber, iron, and calcium.
School age/ adolescent	Exercise regularly	Participate in sports or some other form of exercise for at least 30 minutes each day.
Adolescent	Prevent sexually transmitted diseases and unintended pregnancy	Abstinence is your best protection. If you are sexually active, always practice safer sex and use contraception.
All	Avoid accidental poisoning	Keep medications, household chemicals, and other dangerous substances locked up and out of reach. Post the Poison Control Center number near your telephone.
All	Install smoke detectors	Check alarms once a month and change the batteries yearly.
All	Prevent firearm accidents	Encourage gun safety. Lock up guns and keep ammunition separate.
All	Provide clean air	Don't allow anyone to smoke in your house, your car, or around your child.

***Infant**=birth to 24 months, **Toddler**=24 to 48 months, **School age**=48 months through 10 years, **Adolescent**=11 through 18 years, **All**=birth through 18 years.

Preventive-Care Guidelines for Adults

ACTION	AGE	HOW OFTEN
VACCINATIONS		
Td (tetanus/diphtheria)	18 and older	Once every 10 years
TDaP (tetanus/diphtheria/ acellular pertussis)	18 to 64 years	TDaP in place of Td one time
Influenza (flu)	18 years and older	Once every year
Pneumococcal (pneumonia)	65 years and older	Once; earlier if certain high-risk conditions exist
HPV (human papillomavirus) vaccine series for females who have not been previously vaccinated	11 to 26 years	Once (series of 3 injections)
CANCER RISK SCREENINGS		
FOBT (stool blood test for colorectal cancer screen)	50 to 75 years	Once a year
Flexible sigmoidoscopy		Every 5 years (with FOBT every 3 years)
Optional colonoscopy (speak to your doctor)		Every 10 years
Mammogram	40 to 69 years	Every 1 to 2 years
Pap test	21 years or within 3 years of onset of sexual activity—up to age 65	Every 3 years after 2 normal Pap tests in consecutive years
OTHER PREVENTIVE SERVICES		
Blood pressure	20 years and older	Every 2 years
Lipid evaluation	Men from 35 years Women from 45 years	Every 5 years
Bone mineral density test for osteoporosis	65 years	Once

USING YOUR PLAN (CONTINUED)

ACTION	AGE	HOW OFTEN
SEXUALLY TRANSMITTED DISEASES		
Chlamydia test	18 to 25 years	Once a year for sexually active women
SELF-CARE AND RISK COUNSELING		COUNSELING
Tobacco use	All	Don't smoke and avoid secondhand exposure.
Substance abuse	All	Avoid or quit drugs; limit alcohol.
Excessive sun exposure	All	Use a sunscreen daily with a minimum rating of SPF (sun protection factor) 15.
Physical activity	All	30 minutes at least 4 to 5 times per week.
Diet	All	5 servings of fruit and vegetables a day, plenty of fiber. Limit fat and cholesterol.
Injury/accident prevention	All	Always wear seat belts; don't drink and drive; lock firearms in a safe place.
Sexual practices	All	Avoid HIV/STDs and practice safe sex.
Pregnancy prevention	All	Always use effective birth control.

In accordance with sections 431:10A-115.5 and 431:10A-116(4), Hawaii Revised Statutes, Kaiser Permanente coverage provides for child health supervision services and screening mammography. If you have questions about coverage of medical services mentioned in this grid, please see your *Benefits Summary* or contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Hospitalization

Kaiser Permanente Hawaii's Moanalua Medical Center is a broad-service hospital staffed and equipped to provide inpatient medical, surgical, obstetrical, and pediatric care for acute illness and injury. The Moanalua Medical Center also includes an ambulatory surgery center, an ambulatory treatment center, a clinical decision unit, physicians' offices, an outpatient clinic, and extensive ancillary support services, including laboratory, pharmacy, and diagnostic imaging. Your admission to the hospital is based on a physician's review of your medical condition. For planned admissions, such as elective (nonurgent) surgery, the admitting physician will notify you during an office visit or by phone when to report to the hospital. If it is an emergency, you'll be cared for immediately by the appropriate medical professionals.

On the Neighbor Islands, our physicians will direct you to a Kaiser Permanente-designated hospital on your island, which may include Maui Memorial Medical Center, Kona Community Hospital, Hilo Medical Center, North Hawaii Community Hospital, Wilcox Memorial Hospital, Kauai Veterans Memorial Hospital, Sam Mahelona Memorial Hospital, Molokai General Hospital, or Lanai Community Hospital.

If you must be hospitalized, our physicians and medical team will provide you with quality medical care and service. They also will work closely with you in planning for a smooth and timely discharge.

Depending on your medical condition, your physician will determine the best setting for your follow-up care after you leave the hospital. Possible settings include your home with follow-up care in the clinics, your home with home-health visits, or admission to short-term or long-term skilled nursing facilities. Other members of your health care team may assist you in continuing care plans. These members may include your nurse, a clinical nurse specialist, a continuing care coordinator, or a case manager.

Joint Commission accreditation for Kaiser Foundation Hospital and Oahu Home Health

The Joint Commission is an independent, not-for-profit organization founded in 1951. It is dedicated to continuously improving the safety and quality of the nation's health care through the accreditation process.

Organizations voluntarily undergo a survey by a full team of Joint Commission experts every three years. After being surveyed, the organizations are awarded accreditation status if they demonstrate compliance with the Joint Commission's nationally recognized health care standards.

Kaiser Foundation Hospital (Moanalua Medical Center) and the Oahu Home Health Agency have voluntarily taken part in the accreditation process for many years. The most recent survey of our facilities was completed in May 2009, with accreditation status awarded to both entities.

USING YOUR PLAN (CONTINUED)

Joint Commission accreditation for Kaiser Foundation Hospital and Oahu Home Health (continued)

As an accredited organization, our goal is to provide you with outstanding care. If you have a concern about the quality of care and/or patient safety in the hospital or Oahu Home Health, please contact Hospital Administration. You may find them on the first floor of the hospital, or you can reach them through the hospital operator at **432-0000**. If your concerns are not resolved by the hospital, you may contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610** or by e-mailing complaint@jointcommission.org.

Patient safety

Kaiser Permanente is committed to being a national leader in patient safety. We strive to provide care that is reliable, effective, consistent, and safe. We believe that patient safety is every patient's right and every person's responsibility.

To foster mutual responsibility and accountability for patient safety throughout Kaiser Permanente, we'll continue to implement activities broadly aimed at achieving the following ideals:

→ **Safe Culture:** Create and maintain a strong, unified patient safety culture, with patient safety and error-reduction embraced as shared organizational values.

- **Safe Care:** Ensure that the actual and potential hazards associated with high-risk procedures, processes, and patient care populations are identified, assessed, and controlled in a way that demonstrates continuous improvement and moves the organization toward the ultimate objective of ensuring our patients' freedom from accidental injury or illness.
- **Safe Staff:** Ensure that our staff has the knowledge and competence to safely perform required duties and improve system safety performance.
- **Safe Support Systems:** Identify, implement, and maintain support systems that provide the right information to the right people at the right time. This includes responsible reporting.
- **Safe Place:** Design, construct, operate, and maintain the environment of care as well as evaluate, purchase, and utilize equipment and products in a way that enhances the efficiency and effectiveness with which safe health care is provided.
- **Safe Patients:** Engage the patient and his or her family, as appropriate, in reducing medical errors and improving overall system safety performance.

It's important that you take an active role in ensuring your own patient safety. Here are some ways you can work with your medical team to help keep yourself safe when visiting our medical offices or as a patient in the hospital:

- **Ask questions:** It's OK to ask questions and to expect answers you can understand.
- **Know the members of your medical team:** All health care professionals must wear identification badges. Don't hesitate to ask them to show their identification badges.
- **Wash your hands:** Hand washing prevents the spread of infections. Wash your hands after you move around the room, touch things, or use the bathroom. Don't hesitate to ask your medical team and visitors if they have washed their hands.
- **Share important health information with your medical team:** Several staff members may ask you the same questions— that's OK. It's part of making sure you receive safe care. Discuss all of the medications you're taking, including herbal and over-the-counter medications.
- **Know how to use your medications:** If you don't understand why you're taking a medicine, ask. Ask about side effects and what food or drinks to avoid when taking any medication. Read the labels and all warnings. Make sure that it's the medication ordered for you and that you know what to expect.
- **Make sure that you're receiving the correct treatment:** Make sure that all staff members check your identification wristband (if in the hospital) when you receive medication or treatments. When visiting our medical offices, make sure staff members check your name and birth date. Bringing proper identification, including a photo ID, helps to ensure that we have the correct member when registering you for services.
- **Get all your test results:** Don't assume that the results of your test are OK—always ask for your results. Ask when and how you can expect to receive them.
- **Before you leave the medical offices or hospital:** Make sure you know what you need to do next and who to contact if you have questions.
- **Always carry a list of your current medications with you:** Make sure that you keep an updated list of your medications with you, including the doses and how often you're taking each one. When you're admitted to the hospital, your health care team can make sure that your medications don't interfere with your current treatment and won't interact with other medications. Make sure you also list any over-the-counter and herbal medications.

USING YOUR PLAN (CONTINUED)

Patient safety (continued)

If you have concerns about patient safety or quality of care while in the hospital or home health facility: Please speak with the physician in charge or ask for the department manager. If you still have concerns, please contact Hospital Administration, which is located on the first floor of the hospital and can be reached through the hospital operator at **432-0000**. If your concern cannot be resolved through Hospital Administration, you can contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610** or by e-mailing complaint@jointcommission.org.

New medical technologies receive thorough review

Doctors depend on research and advances in science to give their patients a better and sometimes longer life. Our Interregional New Technologies Committee, made up of physicians and scientists from across Kaiser Permanente nationwide, studies medical advances to ensure they are tested, safe, and helpful. By continually reviewing medical advances and our benefit coverage, we strive to provide advanced, effective, and efficient medical care. If you would like to know more about the review process for medical technologies in relation to benefit coverage, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Occupational Health Services

Occupational Health Services focuses on keeping Hawaii's employees healthy and working. Work-related injury care, employment physicals, commercial driver's license examinations, and employer-requested substance abuse testing are a few of the services available to our members and nonmembers as well. These services are not covered under your benefit plan.

If you experience a work-related injury, call and ask for an appointment with Occupational Health Services. Our Occupational Health Services clinics are located in Kaiser Permanente's Honolulu, Waipio, Wailuku, Hilo, and Kona Clinics. These clinics offer medical care for work-related illnesses and injuries, and a variety of prevention and safety services geared to the workplace.

We have clinics with specially trained occupational health physicians who are supported by registered nurses and medical assistants. Our administrative staff is available to assist you with all the paperwork associated with workers' compensation claims.

After-hours or urgent care is available at the Moanalua Medical Center, Honolulu Clinic, and Maui Lani Clinic. Please check the scheduled hours at these clinics. The Moanalua Medical Center's Emergency Department provides emergency care for work-related injuries 24 hours a day, 365 days a year. Follow-up care is normally scheduled at the Occupational Health Services clinic most convenient for you.

Pharmacy services

Pharmacies are located in most Kaiser Permanente clinics and are open during clinic hours. Selected non-Kaiser Permanente pharmacies are available at certain locations. Members may get prescriptions filled and buy over-the-counter medications and supplies at Kaiser Permanente pharmacies or selected non-Kaiser Permanente pharmacies.

Coverage for prescription drugs varies depending upon your benefit plan. If you have a prescription drug benefit, show your Kaiser Permanente ID card when filling your prescriptions.

Drug formulary

Kaiser Permanente Hawaii uses a drug formulary to help make sure that the most appropriate and effective prescription medications are available to you. The formulary is a list of medications that have been approved by our multidisciplinary Pharmacy and Therapeutics (P&T) Committee. Members of the P&T Committee include Kaiser Permanente physicians, registered nurses, pharmacists, and a physician assistant.

Our drug formulary allows us to choose drugs that are safe, effective, and a good value for you. We review our formulary regularly so that we can compare new drugs and remove drugs that can be replaced by newer, more effective medications. The formulary also helps us restrict drugs that can be toxic or otherwise dangerous if misused.

Our drug formulary is considered a closed formulary, which means that medications on the list are usually covered under the prescription drug benefit, if you have one. However, drugs on our formulary may not be automatically covered under your prescription drug benefit because these benefits vary depending on your plan. If you would like to check on the coverage of a specific drug, or have questions about any limitations on prescribing or access to drugs, please contact a pharmacist at any Kaiser Permanente pharmacy.

Non-formulary drugs are those that are not included on our drug formulary. These include new drugs that have not been reviewed yet, drugs that our clinicians and pharmacists have decided to leave off the formulary, or a different strength or dosage of a formulary drug that we don't carry in Kaiser Permanente pharmacies.

Even though non-formulary drugs are generally not covered under our prescription drug benefit plan options, your Kaiser Permanente doctor can request a non-formulary drug for you. If formulary alternatives have failed and use of the non-formulary drug is medically necessary, you may purchase your prescription at your usual drug copayment or receive a refund on prescriptions for which you have already paid full price, provided the drug isn't an exclusion under the prescription drug benefit. Non-formulary drugs are not usually stocked in our pharmacies, so it may take a little longer to have your prescription filled.

USING YOUR PLAN (CONTINUED)

Understanding your medications

Kaiser Permanente pharmacists provide information and advice on prescription and over-the-counter medicines, as well as herbal supplements. You're encouraged to speak to your pharmacist whenever you have a concern about your medication. Some Kaiser Permanente pharmacists, known as clinical pharmacists, will work directly with you and your physician on complex drug therapies, such as blood thinners, asthma, cancer, diabetes, hepatitis, kidney problems, high blood pressure, and high cholesterol. Clinical pharmacy services may be requested through your physician.

Prescription refills

Save time and money on refills! If you have prescription drug coverage, you can get a 90-day supply of qualified prescription drugs covered under your drug rider for the price of 60 by using our convenient mail order service.* And we pay the postage!

You can order your refills at your convenience, 24/7, using one of the methods below.

- For the quickest turnaround time, order online at kp.org.
- Order via our automated prescription refill service by calling **432-7979** (Oahu) or **1-888-867-2118** (Neighbor Islands). You'll have the following options:
 - To check your order status, press 1.
 - To order refills, press 2. You will be asked to enter your medical record

number and prescription number. Then you'll have the option of receiving your refills via mail order (by pressing 1) or picking up your refills at one of our locations (by pressing 2).

- To listen to detailed instructions, press 3.
- Order using our mail-order envelope, available at all Kaiser Permanente clinic locations.
- Order via our Pharmacy Refill Center at **432-5510** (Oahu), or toll free **1-866-250-1805** (Neighbor Islands), Monday to Friday, 8:30 a.m. to 5 p.m. TTY users may call **1-877-447-5990**.

So the next time you've used two-thirds of your existing supply of prescription medications, try using one of these convenient options.

If you must pick up your prescriptions at a clinic pharmacy, refillable prescriptions are usually ready for pickup at the designated pharmacy in one business day. Prescriptions requiring a physician's approval are usually ready in two business days. Call the pharmacy or Kaiser Permanente Hawaii's automated prescription refill line in advance to make sure that your prescription is ready. Orders not picked up within one week are returned to stock.

*We are not licensed to mail medications out of state. There are restrictions for delivery of certain medications and supplies, including but not limited to controlled medications, injections, medications affected by temperature, and medications excluded by Kaiser Permanente's Pharmacy & Therapeutics Committee.

For pharmacy locations where you can get your prescriptions and refills, please check *Our Physicians and Locations Directory*.

Fee-for-service offerings*

In addition to medical services covered by your health plan benefits, Kaiser Permanente offers a range of popular services for a fee. These services are not covered by your health plan benefits and you must pay for them. All services are provided by Kaiser Permanente physicians and staff, following the same quality and care standards we use for covered services.

LASIK vision correction

Attend a free seminar with a Kaiser Permanente ophthalmic surgeon or book a one-on-one consultation with an optometrist to see if you are a candidate for LASIK surgery to correct nearsightedness, farsightedness, or astigmatism. Call the Laser Vision Coordinator at **432-2619** for information. Neighbor Island residents may call the toll-free hotline **1-888-699-3937** and leave a message for a call back. Members and the general public are welcome.

Premium intraocular lens implants (IOL)

If you have cataracts and facing surgery to remove them, ask your eye care specialist about premium lens implants. While standard lens implants provide long distance vision, you may still need reading glasses or bifocals for near vision. Upgrading to Premium IOLs may provide you with an improved range of vision and less dependence on glasses. Premium lens implants are an optional

upgrade and not covered by insurance or Original Medicare. For more information or to schedule a consultation, call **432-2619** or the Eye Care Advice Line at **432-2600**.

*Kaiser Permanente members typically have coverage for medically necessary eye examinations, which are generally conducted at Kaiser Permanente facilities. Otherwise, the services described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits. Clinical services are provided by providers or contractors of Hawaii Permanente Medical Group, Inc. Results of services vary among patients and cannot be guaranteed. Hawaii Permanente Medical Group, Inc., Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals have a financial interest in the provision of these services. For specific information about your health plan benefits, please see your *Benefits Summary*.

Cosmetic surgery

For inquiries about cosmetic and plastic surgery services, including face lifts, nose reshaping, tummy tucks, liposuction, and breast enlargement and reduction, please call our Specialty Services at **432-8000** (Oahu) or toll free at **1-877-432-8970** (Neighbor Islands).

Aesthetic Centers by Kaiser Permanente

Cosmetic skin care services are offered at Honolulu, Hawaii Kai, Waipio, and Mapunapuna Clinics and at the Moanalua Medical Center. Services include surgical and injectable procedures, such as removal of skin tags, growths and benign moles, and treatment for brown spots. Injectables include Botox, Restylane, Juvederm and Perlane. Aesthetician services for micro-

USING YOUR PLAN (CONTINUED)

dermabrasion, chemical peels, and clinical skin care products are also offered. Services vary by location. Members and the general public are welcome. Call **432-2810** for an appointment.

Hearing Centers by Kaiser Permanente

Ordering and fitting of hearing aids are available at the Hearing Centers by Kaiser Permanente. Also available are many of the most popular assistive listening devices and equipment to enhance the sounds of your life. Located at Honolulu, Waipio, and Wailuku Clinics, Hearing Center services are open to members and the general public. On Oahu, call **432-2155**; on Maui, call **243-6191**. *Most Kaiser Permanente members typically have coverage for medically necessary hearing examinations, and some members may be able to apply a supplemental hearing aid benefit to their purchases.*

Transportation services

If you need transportation to clinic appointments, Kaiser Permanente provides free shuttle service between our Moanalua Medical Center and the following facilities:

- Honolulu Clinic
- Kahuku Clinic
- Kapolei Clinic
- Koolau Clinic
- Mapunapuna Clinic
- Nanaikeola Clinic
- Waipio Clinic
- Honolulu Airport's Interisland Terminal

Please check the posted schedules at each location for departure and arrival times. Shuttle schedules may change on short notice. Refer to the Clinic Shuttle Schedule bulletin board for the current schedule.

The vans make every effort to leave their destinations promptly, so it's important to check the schedules and be on time.

- Shuttle services are not available on weekends or holidays.
- For departures from Moanalua Medical Center and Honolulu Clinic, sign-in is required. At Moanalua Medical Center, the sign-in sheet is located at the security table next to the information desk in the lobby. At our Honolulu Clinic, sign up at the table next to the security office in the lobby. For departures from all other clinics, please tell the clinic cashier that you would like to ride the shuttle.
- A maximum of 10 passengers is allowed on the shuttle except for Leeward area clinics, where the maximum is 7 passengers.
- Sign-in is not required for the airport shuttle.
- Car seats and wheelchair service are not available. If you live on Maui, Kauai, or the Big Island and need transportation assistance to Oahu for medically necessary care, please contact the Maui/Kauai/Big Island Travel Department at **243-6589** (Maui) or **1-800-214-6572** (Kauai, Big Island, and Oahu).

Travel Medicine Clinic

Before you travel to a foreign destination, visit our Travel Medicine Clinic at the Honolulu Clinic. You don't need a referral. We can help reduce your health risks by offering immunizations, medications, and educational materials. You'll receive a medical consultation and advice based on your itinerary, and if necessary, you can come back for a health evaluation and screening when you return from your trip. You can also purchase travel supplies, such as insect repellent. Call **432-2365** to schedule an appointment.

You can also schedule Travel Medicine appointments at our Wailuku Clinic by calling **243-6540** or at our Kona Clinic by calling **334-4400**.

Vision Essentials by Kaiser Permanente

Our team of opticians, optometrists, and ophthalmologists are committed to providing high-quality vision services that improve your quality of life. Our Optical Centers offer one-stop service with a broad selection of competitively priced eyewear. If eligible, you may apply your Kaiser Permanente optical benefit. For information about your optical benefits, please review your *Benefits Summary*, which you may obtain from your employer or group administrator, or you can contact an optician at your clinic for details.

We also have member discounts on multiple eyeglass purchases, contact lenses, and over-the-counter optical supplies.

Great eyewear at great prices

At our Optical Centers, you can browse our large selection of stylish and competitively priced frames and lenses, sunglasses, readers, and accessories to find eyewear that will complement your lifestyle. Most eyeglass repairs and servicing are done on site. Optical sales staff members are available to assist you with selection, fitting, and adjustments, and to answer your questions about the latest innovations in frame and lens technology.

We also provide contact lens services, solutions, and supplies. For your convenience, once you've ordered contacts at one of our Optical Centers, you can reorder on our Web site at **kp2020.org**. To order contact lenses by phone, call **432-2610** (Oahu) or **1-866-424-7908** (Neighbor Islands).

Visit us at **kp2020.org** for more information.

Our Optical Center locations

Visit your nearest Kaiser Permanente Optical Center for a new pair of eyeglasses or contacts, an eye examination, or to get care for your medical condition (such as glaucoma or cataracts). Contact an optician at your clinic for assistance or for more information regarding your optical benefits.

For our Optical Center locations, please check *Our Physicians and Locations Directory*.

USING YOUR PLAN (CONTINUED)

Utilization management

Utilization management (UM) describes the various methods we use to ensure you receive the right care at the right time in the right place. Kaiser Permanente's Utilization Management Program uses the advice and cooperation of practitioners and providers to ensure quality, cost-effective care for members. By providing you with the medical care you need when you need it, we help you stay healthy. In addition, we continuously monitor and evaluate our services. Some of these services include:

- **Review of hospital admissions:** We want to make sure that your admission is medically necessary and that you receive the care you need. We use nationally recognized Medicare and InterQual criteria as guides. Many other health systems across the nation use these same guidelines.
- **Review of referred services:** We want to make sure that if we send you to a non-Kaiser Permanente physician or provider for covered medically necessary care, you receive the same high-quality care that we expect from our own staff. We review referrals for specific plan benefits, current eligibility, and medical appropriateness, and will direct you to a credentialed physician or provider who has met our quality standards.
- **Review of postservice claims:** We review claims (bills or requests for payment for care that has already been provided) to determine specific plan coverage, current eligibility, whether we authorized the care, and the medical appropriateness of the

care. If approved, payments are made according to your specific plan benefits.

- **Case management services for certain medical conditions:** We have nurses and other care practitioners with specialized education and training in areas such as asthma, congestive heart failure, diabetes, and HIV. Our case managers work with you, your family, and your personal physician to help you maintain your health at the highest level possible.
- **Clinical pharmacist services:** We have pharmacists who work in the clinics along with your personal physician and are available for individual counseling and education to help manage your medications. All you need to do is ask your personal physician or the pharmacist in your clinic.
- **Care maps and clinical practice guidelines:** We have written tools available for your doctor to review. These tools are like road maps and have been developed based on clinical evidence. They are available for your care team to follow to best meet your medical needs.

All Kaiser Permanente physicians, employees, and affiliated practitioners who are engaged in making UM decisions are concerned about the risks of underutilization (failure to provide appropriate or indicated services, or provision of an inadequate quantity or lower level of services than required). They make decisions based on their professional judgment that a service or item is medically necessary and appropriate.

For any UM inquiries during regular business hours, call our Customer Service Center:

Oahu **432-5955**
Neighbor Islands **1-800-966-5955**

Our Customer Service Center is available from 8 a.m. to 5 p.m., Monday through Friday, and 8 a.m. to noon on Saturday.

After regular business hours and on holidays, call:

Oahu **432-7100**
Neighbor Islands **1-800-227-0482**

After regular business hours, your message will be forwarded to our Utilization Management team and your call will be returned the next business day. You may also fax us at **432-7419**.

If, at any time, you feel you are not receiving coverage for an item or service that you believe is medically necessary, you have the right to make a request for services or supplies you have not received, or to file a claim for payment of charges you've incurred. If you don't agree with our decision regarding your request, you have the right to request an appeal, according to the procedures described in the "How to file an appeal" section.

Requests for services or supplies you have not received

Standard decision

You may request that we provide health care services or supplies you have not received but believe you're entitled to receive through Kaiser Permanente. These requests should be submitted in

writing to the following address:

Kaiser Foundation Health Plan, Inc.
Attn: Authorizations and Referrals
Management
2828 Paa St.
Honolulu, HI 96819

Your written submission should include your name, your medical record number, the specific service or supply you're requesting, and any comments, records, or other information you think is important for our review. We have the right to require that you provide all documents and information that we deem necessary to make a decision. If you don't provide any information requested in regard to any request for coverage, claim for payment, or related appeal, or if the information you provide does not show entitlement to the coverage or payment you request, this could result in an adverse decision.

You may appoint someone to make this request on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the request on your behalf. Both you and your representative must sign this statement, unless the person is your attorney. When necessary, your representative will have access to your medical information as it relates to the request. If you prefer, you may call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an *Appointment of Representative* form.

Our standard decision will be made within 14 calendar days from the date we receive your nonurgent pre-service request. If we cannot make a decision

USING YOUR PLAN (CONTINUED)

on your request within the standard allotted time because we don't have sufficient information or because of other special circumstances, within the 14 calendar days, we'll send you a written notice of the circumstances requiring an extension of time and the date by which we expect to render a decision. If we determine that your request is not covered, we'll send you a denial notice, which will include the specific reason for the denial, reference to the health plan provisions on which our denial is based, and your appeal rights. You can ask us to reconsider our decision by filing an appeal if you disagree with our denial decision.

Expedited decision

You may ask that we make an expedited decision on your request if we find, or if your health care provider states, that your health or ability to regain maximum function could be seriously harmed by waiting for a standard decision. We'll make our decision within the following time frames based on the date we receive your initial request:

- 72 hours for urgent pre-service requests.
- 24 hours for urgent/concurrent requests.
- 30 calendar days for post-service requests.

You or your health care provider may request an expedited decision anytime by calling toll free **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address listed for standard decisions. Our fax number is

432-5691. The fax number for appeals is listed in the "How to file an appeal" section.

Specifically state that you want an expedited decision. If your request qualifies for an expedited decision but we don't have sufficient information on which to make an expedited decision, we'll inform you within 24 hours of our receipt of your request and will give you at least 48 hours to provide us with the specified information. If we determine that your request is not for a covered benefit, we'll send you a denial notice, which will include the reason for the denial and your appeal rights. If you disagree with our decision, you can ask us to reconsider our decision by filing an appeal, using the appeal procedures described in the "How to file an appeal" section.

You may appoint someone to file your expedited request on your behalf by following the steps described earlier in the "Standard decision" section. If a health care provider with knowledge of your condition makes a request for an expedited decision on your behalf, we don't require you to appoint your health care provider in writing.

How to file a claim for payment

If you receive medical care from a non-Kaiser Permanente practitioner or provider, you may submit a claim for payment of the charges you incurred. The following list of services are the only types of care that may be covered from

non-Kaiser Permanente practitioners:

- An authorized referral when your Kaiser Permanente physician refers you for care that is not available from Kaiser Permanente.
- Emergency care.
- Out-of-area urgent care when you temporarily travel outside the Hawaii service area.

We review claims for out-of-plan emergency care and out-of-area urgent care after the services have been provided. If you, your family members, or practitioners call us during an emergency or urgent episode, we'll confirm your membership status. However, we will not authorize coverage or payment at that time. When we receive the claim(s) and medical information, we'll determine whether the services are covered by your Kaiser Permanente plan. Filing a claim does not guarantee payment of that claim. If approved, reimbursement is made to providers according to your health plan benefits. If you paid for services, you may file a claim by sending your name, your medical record number, paid receipts, medical documentation, and a written statement describing the sequence of events to the following address within 90 days (or as soon as reasonably possible) after you received the out-of-plan emergency or out-of-area urgent care:

Kaiser Foundation Health Plan, Inc.
Attn: Claims Administration
80 Mahalani St.
Wailuku, HI 96793

If you have questions relating to filing a claim, please contact the Customer Service Center at the number listed below. If you have questions specific to a claim already submitted, including the status of your claim, the amount paid, information relating to your cost or the date the claim was paid, if applicable, please call Claims Administration at **243-6610** (Maui) or toll free at **1-877-875-3805** (Oahu and Neighbor Islands).

You may appoint someone to file the claim on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the claim on your behalf. Both you and your representative must sign this statement, unless the person is your attorney.

When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an Appointment of Representative form.

Our standard decision will be made within 30 calendar days from the date we receive your postservice claim for payment. If we cannot make our decision within the standard allotted time because we don't have sufficient information or under other special circumstances, we'll send you a written notice of the circumstances requiring an extension of time and the date by which we expect to render a decision. We'll inform you of any further information we need and generally give you 45 days to

USING YOUR PLAN (CONTINUED)

How to file a claim for payment (continued)

provide us the specified information. If we determine that your claim is not covered, we'll send you a denial notice, which will include the specific reason for the denial, reference the health plan provisions on which our denial is based, and state your appeal rights. If you disagree with our denial decision, you can file an appeal by following the appeal procedures described in the "How to file an appeal" section.

Upon written request to the address listed above in the "Standard decision" section under the "Requests for services or supplies you have not received" section, you may be provided a free copy of (1) all documents and information relevant to your request for payment or coverage; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request.

How to file an appeal

Standard appeal

If we deny your request for payment or coverage, you have the right to file an appeal and ask that we reconsider our decision. Generally, we'll issue a written notice that tells you the specific reasons why we denied coverage or payment for the item or service. The notice will describe your appeal rights and how to file an appeal. You must submit your appeal within 180 days of the date of our denial notice.

You may appoint someone to file the appeal on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the appeal on your behalf. Both you and your representative must sign this statement, unless the person is your attorney. Appeals filed on your behalf by anyone without your written authorization may not be opened. When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an *Appointment of Representative* form. You may file your appeal by mailing or delivering your request to:

Kaiser Foundation Health Plan, Inc.
Attn: Regional Appeals Office
2828 Paa St.
Honolulu, HI 96819

You should include in your appeal your name, your medical record number, the date, the nature of our decision that you're appealing, and all comments, documents, and other information you want us to consider regarding your appeal. You may fax your appeal to **432-5667** or file it by electronic mail at KPHawaii.Appeals@kp.org. If you have questions about the appeals process, you may call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). Standard appeals must be filed on weekdays during office hours, from 7 a.m. to 7 p.m. The receipt date for appeals filed after office hours or on weekends will be the next business day.

When received, your appeal will be prepared for a first-level review. Generally, we'll provide you with our written decision within 30 calendar days. Our decision will include the specific reason for the decision and reference to the specific plan provisions on which our decision is made. If you are not satisfied with the first-level decision, you may request a second-level review by our Regional Appeals Committee within 60 days of the date of the first-level decision letter. We'll acknowledge receipt of your second-level appeal and provide you with our written decision within 30 calendar days of our receipt of the request.

Upon written request to the address listed earlier in this section, you may be provided a free copy of (1) all documents and information relevant to your appeal; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request.

Appeals related to coverage for services that you have not yet received will be processed through one level of review. Appeal reviews will consider all information you submitted (whether or not that information was submitted in your initial request for payment or coverage), will be decided by a different reviewer than the person who denied your initial request, and will not give deference to the initial decision you're appealing.

Different procedures apply to Kaiser Permanente Senior Advantage, Kaiser Permanente Medicare Cost, Kaiser Permanente QUEST, and Federal

Employees Health Benefits Program members. These members should consult their respective *Evidence of Coverage*, or plan member handbook, or brochure, for a description of the claims and appeals procedures that apply to them.

Expedited appeal

You may ask that we make an expedited decision on your appeal. The expedited procedure applies to denied requests for services or supplies that you believe we should provide or arrange. This procedure does not apply to denials related to requests for payment for items or services that you have already received. We'll make an expedited decision within 72 hours if we find, or if your physician states, that your health or ability to regain maximum function could be seriously harmed by waiting 30 days for a decision. Our decision may take longer if we have to wait for medical information from a non-Plan provider, but we must make a decision within 72 hours of our receipt of such medical information.

You or your physician may request an expedited appeal anytime by calling toll free **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address listed for standard appeals. If we determine that your request does not meet the criteria for an expedited appeal, we'll automatically review your written appeal under the 30-day process.

USING YOUR PLAN (CONTINUED)

Filing an external appeal with an independent review organization

Once you've exhausted your internal appeal rights and we've continued to deny coverage or payment, you can request an external appeal with an independent review organization (IRO). An IRO is independent from Kaiser Permanente and has the authority to overturn our denial of coverage or payment. The IRO that is responsible for conducting your external appeal is based on your Kaiser Permanente plan. Our final appeal decision letter will contain information about the IRO that applies to you and instructions on filing an external appeal with the IRO.

The IRO for Senior Advantage and Medicare Cost members is an independent reviewer outside Kaiser Permanente that is contracted by the Medicare Program. Appeal cases are automatically sent to the reviewer when Kaiser Permanente is unable to overturn its initial denial of coverage or payment.

State law provides that once a member has received a final internal decision, an external appeal is available through the Hawaii insurance commissioner of the Hawaii Insurance Division, which serves as an IRO for these appeals. A request for review by the insurance commissioner must be made within 60 days of the date of our final internal decision, by **writing to:**

State of Hawaii Insurance Division
Health Insurance Branch –
External Appeals
335 Merchant St., 2nd Floor
Honolulu, HI 96813

If the commissioner accepts the external appeal request, the commissioner will appoint a three-person panel to hear the case. Hawaii law states that the hearing will be conducted within 60 days of receipt of the appeal request and that a decision will be issued within 30 days following the hearing. You or your health care provider may make a request to the commissioner for an expedited review if any of the following would result if the appeal were to be processed under the standard time frame:

- Serious jeopardy to your life or health.
- Serious jeopardy to your ability to regain maximum functioning.
- Severe pain that cannot be adequately managed without the care or treatment that is the subject of the external appeal.

External appeals to the insurance commissioner are limited to situations in which (1) the complaint is not for medical malpractice or another professional fault, and (2) the complaint does not involve an employee health plan for which federal law supersedes or preempts the state external appeal law.

If your health benefits are provided through an employee health plan subject to ERISA (Employee Retirement Income Security Act), you have the right to bring a civil claim under Section 502(a) of ERISA. Prior to pursuing the civil claim, all required internal reviews must be completed. If you are not sure whether your plan is an employee health plan subject to ERISA, you should contact your employer or group administrator.

Care received outside the Kaiser Permanente system

The only care from non-Kaiser Permanente practitioners or providers that may be covered is:

- An authorized referral when your Kaiser Permanente physician refers you for care that is not available from Kaiser Permanente.
- Emergency care.
- Out-of-area urgent care when you temporarily travel outside the Hawaii service area.

Outside the Hawaii service area, benefits are limited to authorized referrals (when your Kaiser Permanente physician determines the services you require are not available in the Hawaii service area), emergency benefits, ambulance services, and out-of-area urgent care when you are temporarily away from the Hawaii service area. "Urgent care" means initial care for a sudden and unforeseen illness or injury when:

- You are **temporarily** away from the Hawaii service area.
- The care is required to prevent serious deterioration of your health.
- The care cannot be delayed until you are medically able to safely return to the Hawaii service area or travel to one of our facilities in another Kaiser Permanente region.

Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered. When you are temporarily traveling outside the Hawaii service area, which consists of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii, you may require medical services for emergency or urgent problems. Please have your Kaiser Permanente ID card with you at all times. If you're admitted to a hospital, you or a family member must call the toll-free number found on the back of your ID card within 48 hours of your hospital admittance or your claim may be denied.

Services at **Kaiser Permanente facilities in our other regions** are provided while you're visiting the area for less than 90 days. Visiting member services are different from the coverage you receive in your home region. Be sure you have your Kaiser Permanente ID card with you at all times. The visiting member program is not a plan benefit but a service offered to members as a courtesy. Changes to the program may occur at any time.

Kaiser Permanente will terminate the membership of **members who move anywhere outside the Hawaii service area.** Until that time, you'll be covered only for initial emergency care in accordance with your health plan benefits.

Before you move outside the Hawaii service area, you should contact your group benefits representative to discuss your options.

GENERAL information

Loss of eligibility

When you lose eligibility as a subscriber and your membership ends, membership for family dependents enrolled with you also ends. Your dependents may also lose eligibility as follows:

- Your spouse at the end of the month in which divorce is final.
- Your dependent children at the end of the month in which they no longer meet eligibility requirements under the "Who may enroll" section.

You must notify us immediately of any changes that may affect the eligibility of any enrolled family member.

Termination of your membership

We may terminate a subscriber and his or her family dependents' membership upon 15 calendar days' written notice to the subscriber, if the subscriber or any of the subscriber's family dependents:

- Fail to pay us any amounts due.
- Knowingly give us incorrect or incomplete information, or fail to inform us of a change in family or Medicare coverage status that may affect eligibility or benefits.

- Knowingly misuse or permit the misuse of a Kaiser Permanente ID card.
- Knowingly present an invalid prescription.
- Are disruptive, unruly, uncooperative, or abusive.
- Move outside the Hawaii service area.

If membership is terminated for any of these reasons, all rights to benefits cease as of the date of termination. There is no right to continue coverage, convert to the Kaiser Permanente for Individuals and Families \$25 Conversion Plan, or to enroll in any plan that offers entitlement to services through Kaiser Foundation Health Plan, Inc., at any future time. For a complete description of the termination provisions, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.



Termination for discontinuance of a particular plan

As the subscriber, you'll be given 90 calendar days' written notice if Kaiser Permanente stops offering the particular plan in which you're enrolled. Your coverage will end on the day we specify.

You may be eligible to convert to the Kaiser Permanente for Individuals and Families \$25 Conversion Plan without a medical screening, **if you meet all of the eligibility criteria for that plan.**

However, you must enroll within 30 calendar days of your previous plan's termination date. For a complete description of the termination provisions, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.

Binding arbitration

Except for certain situations outlined in your *Group Medical and Hospital Service Agreement*, all claims, disputes, or causes of action arising out of, or related to, your *Group Medical and Hospital Service Agreement*, its performance or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. **For claims, disputes, or causes of action subject to binding arbitration, all parties give up the right to jury or court trial.** For a complete description of arbitration information, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.

Third-party liability

Kaiser Permanente has the right to recover the cost of care for a member's injury or illness caused by another person or in an auto accident from a judgment, settlement, or other payment paid to the member by an insurance company, individual, or other third party.

GENERAL INFORMATION (CONTINUED)

Limit on supplemental charges

The amount of supplemental charges for “Basic Health Services” paid by a member (or family unit of three or more members) in a calendar year is limited for each type of Kaiser Permanente plan.

Members must retain their receipts for the charges they have paid, and when the maximum amount has been paid, they must present these receipts to one of our business offices at Moanalua Medical Center or our Honolulu, Waipio, or Wailuku clinic, or to the cashier at other clinics. After verification that the supplemental charges maximum has been paid, **members will be given a card** that indicates that no additional supplemental charges for covered “Basic Health Services” will be collected for the remainder of the calendar year. Members must **show this card** during their visit to ensure supplemental charges for “Basic Health Services” are not billed or collected for the remainder of the calendar year. **All payments are credited toward the calendar year in which the medical services were received.**

Once a member has met his or her supplemental charges maximum, he or she should submit proof of payment as soon as reasonably possible. All receipts must be submitted by the member no later than February 28 of the year following the one in which services were received.

Contact the Kaiser Permanente Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) for more information.



For more information about Kaiser Permanente and other services, please call us at one of the numbers below:

Customer Service Center

Oahu **432-5955**

Neighbor Islands **1-800-966-5955**

TTY for the hearing/speech impaired **1-877-447-5990**

Monday–Friday, 8 a.m.–5 p.m.

Saturday, 8 a.m.–noon

After-Hours Advice Line

Oahu **432-7700**

Neighbor Islands **1-800-467-3011**

TTY (toll free) **1-877-447-5990**

Monday–Friday, 5 p.m.–8 a.m.

Saturday, noon–Monday, 8 a.m.

Holidays, 8 a.m.–8 a.m. (next day)

Prescription refill options

- Refill your prescriptions online at kp.org/rxrefill.
- Receive your prescriptions in the mail—pick up an order form at the clinic.
- Order your refills over the phone using our prescription refill line, 24 hours a day, seven days a week.

Oahu **432-7979**

Neighbor Islands **1-888-867-2118**